

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90194 031 ***150.00

DOCUMENT # V09626

1. Entity Name

ACCURATE BUSINESS CONTROLS, INC.

Principal Place of Business

Mailing Address

**500 NE SPANISH RIVER BLVD
 SUITE #9
 BOCA RATON FL 33431
 US**

**500 NE SPANISH RIVER BLVD
 SUITE #9
 BOCA RATON FL 33431
 US**

2. Principal Place of Business

350 NW 12th Ave.

3. Mailing Address

Same

Suite, Apt. #, etc.

121

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL

City & State

Zip

33442

Country

USA

Zip

Country

4. FEI Number

65-0319564

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CASTRO, JACK
 500 NE SPANISH RIVER BLVD
 SUITE #26
 BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name

CASTRO, JACK

Street Address (P.O. Box Number is Not Acceptable)

350 NW 12th Ave.

SUITE 121

City

DEERFIELD BEACH

FL

Zip Code

33442

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

JACK CASTRO, PRES

4/24/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **CASTRO, JACK**
 STREET ADDRESS **4101 NORTH OCEAN BOULEVARD**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CR2E034 (9/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/24/02

954/418-6225x113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #